

Individual Relocation Plan (IRP)

Rank/Name _____ Command & Unit _____
SSN: _____ MOS: _____
Duty Phone: _____ Home Phone: _____
PCS/MCC _____ Report Date: _____

Will you be taking Leave Enroute (circle one)? YES NO

Start Date: _____ Did you request a Sponsor (circle one)? YES NO

Married: YES NO Children: YES NO EFMP: YES NO

Ages of Children: _____

EFMP or Special Needs: _____

Present Address: _____ Leave Address : _____

Will family members be traveling together? YES NO

If NO, date of their travel? _____

E-Mail Address: _____

Mark an "X" by each item of additional information you need:

Check out procedures _____ Household Goods (TMO) _____
Storage of Privately Owned Vehicle (POV) _____ Temporary Lodging _____
Clearing Base Housing _____ Real Estate Info _____

Information needed on your new installation:

Housing _____ Community _____ Reporting in Procedures _____
Child Care _____ Lodging: _____ Transportation Availability _____
Educational Requirements for: Adult _____ Children: _____

Miscellaneous Information on new area:

Housing Deposits _____ Pets _____
Spouse Employment _____ Employment Opportunities _____

Financial Preparedness:

Entitlements of Moving _____ Transferring Personal Financial Institute _____
Advance Pay _____ Advance BAH and other Entitlements _____

Other: _____